


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90099 027 \*\*\*\*61.25

<b>DOCUMENT # N99000001600</b> 1. Entity Name TIFFANY TERRACE OWNERS' ASSOCIATION, INC.					
Principal Place of Business 510 TIFFANY TERRACE LAKE LAND, FL 33813			Mailing Address 510 TIFFANY TERRACE LAKE LAND, FL 33813		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-3612295
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  LINDSEY, GEORGE M III 510 TIFFANY TERRACE LAKE LAND, FL 33813-1108				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TUBB, JOYCE 515 TIFFANY TERRACE LAKE LAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Tubb, Joyce 530 tiffany terrace Lake land FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TESTON, CATHY 525 TIFFANY TERRACE LAKE LAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP McMachen, Sally 550 Tiffany terrace Lake land FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LINDSEY, MARGARET 510 TIFFANY TERRACE LAKE LAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Margaret V. Lindsey</u> <u>Margaret V. Lindsey</u> <u>1/15/07</u> <u>863.646.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 8749</small>					

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